

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>097830871</b>	
						APPLICANT(S)	
<b>CLAIMS</b>							
#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						61
2	/						62
3							63
4	3						54
5	2						55
6	2						56
7	2						57
8	0						58
9	0						59
10	0						60
11	0						61
12	/						62
13	/						63
14	2						64
15							65
16			1				66
17				1			67
18				1			68
19				1			69
20				1			70
21				1			71
22				1			72
23				1			73
24				1			74
25				1			75
26				1			76
27			1				77
28				1			78
29				1			79
30				1			80
31				1			81
32			1				82
33				1			83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2	1	1	1	6	1	TOTAL IND.
TOTAL DEP.	18	18	18	18	18	18	TOTAL DEP.
TOTAL CLAIMS	20	20	20	20	18	18	TOTAL CLAIMS

Best Available Copy